| Interview Summary | 10/049,346 | | CHASSOTT ET AL. | |
|--|---|--|---|--|
| | Examiner | | Art Unit | |
| | Eisa B Elhilo | | 1751 | |
| All participants (applicant, applicant's representative, PTC | O personnel): | | | |
| (1) <u>Eisa B Elhilo</u> . | (3) | | | |
| (2) <u>William Valance</u> . | (4) | | | |
| Date of Interview: 27 January 2004. | | | | |
| Type: a)☐ Telephonic b)☐ Video Conference c)☒ Personal [copy given to: 1)☐ applicant | 2)⊠ applicant's | s representative | e] | |
| Exhibit shown or demonstration conducted: d) Yes If Yes, brief description: | e)∐ No. | | | |
| Claim(s) discussed: <u>All claims</u> . | | | | |
| Identification of prior art discussed: <u>All</u> . | | | | |
| Agreement with respect to the claims f)☐ was reached. | g)∏ was not re | ached. h)⊠ N | I/A. | |
| Substance of Interview including description of the gener reached, or any other comments: After reviewing the ame (10/049,346) as requested by the applicant, the examiner done and in the light of the search the office actions will resuggested correction of minor informalites in the claims. (A fuller description, if necessary, and a copy of the amerallowable, if available, must be attached. Also, where no allowable is available, a summary thereof must be attached. THE FORMAL WRITTEN REPLY TO THE LAST OFFICE INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OFORM, WHICHEVER IS LATER, TO FILE A STATEMEN Summary of Record of Interview requirements on reverse | ended claims in a r told the applica made on these a No agreement had ndments which the copy of the ame ed.) ACTION MUST he last Office act R THE MAILING T OF THE SUBS | applications (10 nt's attorney the oplications. Further been reached as already and a bate of the open as a bate of th | V257,101), (10/0 at a further searce ther, the applica d at thid time. reed would rend yould render the E SUBSTANCE (1) been filed, APF S INTERVIEW S | er the claims claims claims OF THE PLICANT IS |
| Examiner Note: You must sign this form unless it is an Attachment to a signed Office action. | Ī | Examiner's sigr | ature, if required | d |

Application No.

Applicant(s)